

NYC-CBT Winter 2018 Newsletter

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FEATURE ARTICLE:

Digital Behavioral Health: What is it & How Can You Use it in Your Practice?

By Nicholas R. Forand, Ph.D., ABPP

You likely noticed stories in the news lately about the use of mobile or web-based technology for mental health. Perhaps you are already an avid user of digital tools in your practice. This area, broadly known as "digital behavioral health," is growing fast. Apps, websites, wearables and other tech are being leveraged to improve assessment and communication and even to deliver therapy to mental health consumers.

This area can be confusing and intimidating for providers, but it can also be an opportunity to enhance your practice. About 95% of the population owns a mobile phone, and 77% of the population owns a smartphone ("Demographics of Mobile Device Ownership," 2017). As CBT providers, we are well positioned to take advantage of digital approaches because the capabilities of mobile tech support the kinds of therapeutic activities we encourage. Digital products can help patients improve self-monitoring, enhance skills development, provide opportunities for skills practice, and promote "in the moment" intervention. In this piece, I present a brief introduction to a few digital behavioral health products to give readers an idea of the kinds of tools that are available.

Apps. There are thousands of mental health smartphone apps, many of which are quite good. Apps are often used to teach skills, such as mindfulness or relaxation (Headspace is a good example). One app I particularly like is iPromptU (free) which is a CBT homework tool developed by the Cognitive Behavioral Institute of Albuquerque. This app will alert users at specified or random times during the day to respond to a series of questions. The default questions are a standard thought record, but questions can be customized to reflect specific homework assignments, or even to create coping cards. The app will store patient responses and also allow some communication between patient and provider. For applying

skills "in the moment," Northwestern University's Center for Behavioral Intervention Technologies has developed a suite of apps called IntelliCare (free). These apps allow users to learn a specific skill, such as cogntive restructuring, behavioral activation, relaxation, or skills from positive psychology. The apps work on their own or can be integrated through the IntelliCare "hub" app, which coordinates alerts from the individual apps.

Digital Therapy. We all have clinical strengths and weaknesses. CBT-I is the best available treatment for insomnia, but I find it somewhat tedious to deliver. For motivated patients, I will sometimes send them to an online CBT-I treatment like SHUTi or Sleepio. For a fee, individuals get access to a complete, interactive, automated CBT-I program that has been found effective in a randomized trial. Digital therapies are also useful for patients who need extra practice, or who cannot make it into sessions as frequently as you would like. Other examples include Joyable (subscription) for depression and anxiety and SkinPick.com (subscription) for excoriation disorder.

Become an Internet Therapist. There are a handful of subscription services that offer users near-instant linkage to mobile or web-based therapy. A fairly popular example is Talkspace, which contracts with therapists to provide chat and video based therapy. Most often therapy on Talkspace takes the form of asynchronous exchanges of written text on the service's chat platform. If you are interested in exploring a new frontier of service delivery, these services can be a way to earn some extra money. Talkspace claims that therapists can earn up to \$3000/month depending on their caseload and client outcomes.

How should you evaluate digital products? Anyone who has perused an app store knows that digital behavioral is in its "wild west" phase. There is little guidance for users to determine which among thousands of products and services are legitimate or effective, never mind if they have empirical support. One service that has taken an empirical and user-centered approach to this question is Mindtools.io, a website that tasks expert raters with evaluating digital products (Baumel, Faber, Mathur, Kane & Muench, 2017). The expert reviews on this site are intended to help the public make educated decisions about digital tools. This website is a good first stop if you are looking for a specific digital tool.

Summary. This article only scratches the surface of the digital space, but I hope it helps broaden your understanding of the potential for these tools in your practice. I encourage you to use this article as a "jumping off" point to start your exploration of digital behavioral health. If you would like to learn more, feel free to contact me at nforand@northwell.edu.

Disclosure: I have no financial or personal interest in any of the products or services discussed in this article.

References

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PROGRAM PROFILE:

NYC Nurse-Family Partnership

New York City Nurse-Family Partnership (NYC NFP) is an evidence-based intervention in which first-time, low-income mothers are paired with their own private nurse from pregnancy until their child is age 2. As a result, the mothers are more likely to achieve healthy childbirth and babies are more likely to get off to a good start in life. The program also helps women avoid or mitigate mental health problems while their babies are buffered from toxic stress and its effects.

NFP was designed over 40 years ago as a program for vulnerable first-time mothers to meet 3 primary goals: to achieve healthy pregnancies, to learn to become nurturing and knowledgeable parents, and to attain maternal self-sufficiency.

Mothers in the city's five boroughs are paired with specially trained nurses who provide support, guidance and information during more than 2 years of visits. The program is provided at no cost to the client and regardless of age or the family's immigration status. The nurses use a set curriculum that covers everything from prenatal, infant and toddler care to child development to planning for their family's future. All nurses also conduct mental health screens (e.g., PHQ-9, GAD-7) and make referrals for care.

REFERRAL INFORMATION:

CBT members interested in treating the program's clients should contact Kassandra Margetis, NYC NFP Manager of Mental Health & Strategic Partnerships, at kmargetis1@health.nyc.gov. Therapists must be willing to accept Medicaid or a greatly reduced fee. Conversely, members with low-income patients up to 28 weeks pregnant with a first child are encouraged to refer them to the program by calling 347-396-4200 or downloading the referral form at

http://www1.nyc.gov/assets/doh/downloads/pdf/ms/nfp-client-referral-form.pdf.

EMPIRICAL SUPPORT FOR NFP:

Nurse-Family Partnership is considered the gold standard among home visiting services. Long-term, evidence-based studies of its participants over the last 40 years in three U.S. cities show that NFP has lasting benefits. Positive outcomes among participants and their children who received NFP, compared to those who did not, include:

- 50 percent fewer injuries and ingestions between ages 2 and 4
- 50 percent fewer language delays by 21 months of age
- 23 percent relative reduction in subsequent pregnancies at two years postpartum
- 3.5 fewer months using food stamps between 0 and 5 years postpartum
- 65 percent relative reduction in maternal death from any cause at 21 years postpartum

Positive outcomes for NYC NFP since its inception in 2003 include:

- 92 percent of mothers initiated breastfeeding
- 95 percent of children were up to date with immunizations at age 2
- 84 percent of mothers had no subsequent pregnancies within 18 months of giving birth

This article was contributed by Friends of NYC Nurse-Family Partnership, a nonprofit whose mission is to improve the lives of babies and their mothers by providing enhanced benefits for New York City's NFP program. The funds raised by Friends of NYC NFP allow many of the mothers in the program to further their education and careers. The Friends also create fun, educational events for NYC NFP moms and their babies. To volunteer, learn more about the Friends and/or join the mailing list, please contact Susan Orkin at 203-518-2432 or visit www.friendsofnycnfp.org